

**CERTIFIED EROSION CONTROL  
CONTRACTOR ACKNOWLEDGEMENT**

**TOWN OF ACTON**

Office of Code Enforcement: 207-636-3497 X410

Email: [ceo@actonmaine.org](mailto:ceo@actonmaine.org)

**Job Site Information:**

Property Owner: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

DEP Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*As the Erosion Control contractor of record for the above project, I acknowledge that I am solely responsible for the installation and daily maintenance of all erosion control for this site.*

*If I am no longer the contractor responsible for this site, I will notify the town as soon as possible.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Please note:** if the Contractor of record for this project fails to comply with and maintain satisfactory erosion and sediment control practices resulting in sedimentation in a water body or wetland, the Town of Acton will issue a Stop Work order resulting in a minimum penalty of \$200 plus \$250 per day.

***This signed form must be on file with the town of Acton prior to starting any work in this zone***